



**County of Loudoun, VA**  
**Certification of Qualifying Exigency**  
**For Military Family Leave**  
**Family and Medical Leave Act of 1993 – “FMLA”**

To be completed by the  
employee. Copy to  
Benefits/Human Resources and  
Department Head.

**Employer Name:** County of Loudoun, VA  
**Contact Information:** Barbara Wooten, Human Resources / Benefits  
1 Harrison St SE, MSC 41A  
Leesburg, VA 20177  
(703) 771-5970

**SECTION I: Requires completion by the EMPLOYEE**

**Instructions:** Please complete this section fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA Leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as “unknown”, or “indeterminate” may not be sufficient to determine FMLA coverage. Your response is required to obtain the benefit of FMLA protections. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA Leave. You must complete and submit this form to Human Resources/Benefits.

Employee's Name: \_\_\_\_\_

Name of covered military member: \_\_\_\_\_

Relationship of covered military member to you: \_\_\_\_\_

Period of covered military member's active duty: \_\_\_\_\_

*“Covered military members” for the purpose of this provision include only members of the National Guard or reserves or certain retired members of the regular armed forces or reserves. Leave due to a qualifying exigency does not extend to family members of the regular armed forces on active duty status. For purposes of leave due to a qualifying exigency “son or daughter on active duty or call to active duty status” can be of any age, even though a “son or daughter” is defined for most other FMLA purposes to be under the age of 18.*

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty of call to active duty status in support of a contingency operation. Please attach one of the following:

- ☐ A copy of the covered military member's active duty orders.
- ☐ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation.
- ☐ I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation.

Additional information/documentation may be required upon request if the leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging, or appealing military service benefits, or to attend any event sponsored by the military or military service organizations).

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## Part A: Qualifying Reason for Leave

1. Indicate the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave).

<input type="checkbox"/> Short-notice deployment	<input type="checkbox"/> Counseling
<input type="checkbox"/> Military events and related activities	<input type="checkbox"/> Rest and recuperation
<input type="checkbox"/> Childcare and school activities	<input type="checkbox"/> Post-deployment activities
<input type="checkbox"/> Financial and legal arrangements	<input type="checkbox"/> Additional activities

Additional Comments:

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2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave: such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

☐ Yes ☐ No ☐ None Available

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## Part B: Amount of Leave Needed

1. Approximate date commenced: \_\_\_\_\_  
Probable duration: \_\_\_\_\_
2. Will you need to be absent from work for a single continuous period of time? ☐ Yes ☐ No  
Beginning: \_\_\_\_\_ through: \_\_\_\_\_
3. Will you need to be absent from work periodically? ☐ Yes ☐ No

Estimate the frequency of each leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_\_\_ times per ☐ week ☐ month Days / Hours per event: \_\_\_\_\_

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## Part C: Certification

I certify that the information I provided above is true and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date